EXHIBIT L

Bennet Omalu
PATHOLOGY

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Autopsy and Anatomic Pathology
Clinical Pathology and Toxicology
Forensic Pathology

Neuropathology
Epidemiology
Medico-Legal Consultations

SECOND AUTOPSY REPORT

NAME: ANGELO VOIT HUGO QUINTO AUTOPSY NO.: BOP20-026

DATE OF BIRTH: March 10, 1990 AGE: 30 years old

SEX: Male ETHNICITY: Filipino

DATE OF DEATH: December 26, 2020 CONFIRMED DEAD: 01:44 P.M.

PLACE OF DEATH: Sutter Delta Medical Center
3901 Lone Tree Way
Antioch, CA 94509

The second full autopsy prosection is performed on January 4, 2021 beginning at approximately 01:47 P.M. and ending at approximately 04:57 P.M.

Bennet I. Omalu, MD, MBA, MPH, CPE, DABP-AP,CP,FP,NP
Forensic Pathologist/Neuropathologist, Prosector

Alexandra Vitorino and Karissa Durham, Autopsy Assistants

FINAL PATHOLOGICAL DIAGNOSES

I. RESTRAINT ASPHYXIATION
- a. Hypoxic-ischemic cerebral injury, diffuse, global
  - i. Diffuse, global, and non-selective neuronal eosinophilic necrosis, cerebral neocortex, cerebellar cortex, subcortical cerebral and cerebellar nuclei, hippocampus, relatively sparing the medulla oblongata
  - ii. Diffuse neuropil edema, with peri-neuronal vacuolation, expansion of Virchow Robin spaces, and neuropil microspongiosis, gray and white matter
  - iii. Diffuse global congestive brain swelling
  - iv. No eosinophilic neuronal necrosis of spinal neurons, including anterior horn neurons, intermediolateral cell column and Clark's nucleus
  - v. Anoxic brain damage/ encephalopathy, clinical history
- b. Numerous petechial hemorrhages, right and left bulbar and palpebral conjunctivae
  - i. Accentuated on the right, with several purpuric hemorrhages
- c. Patchy cutaneous petechial hemorrhages, bilateral anterior and lateral neck accentuated on the right
- d. Patchy cutaneous petechial hemorrhages, bilateral superior shoulders, supraclavicular fossae, and rostral anterior chest
- e. Contusions/ ecchymoses of the left lower abdominal quadrant
- f. Contusions of the right lateral caudal thoracic back
- g. Diffuse contusions/ ecchymoses of the right and left dorsal hands and the left wrist and dorsal forearm
- h. Diffuse contusions/ ecchymoses of the left arm and right arm
  - i. Accentuated on the right, with linear configurations and patterns
- i. Abrasions and contusions of the right anterior knee and around the right calf and leg
- j. Abrasions and contusions of the left anterior knee and proximal leg
- k. Patchy soft tissue hemorrhages, bilateral thoracic back and bilateral rostral thoracic back and posterior neck, and around the right wrist and posterior arm
  - i. Multifocal soft tissue and intramuscular hemorrhages, without acute inflammation
- l. Diffuse bilateral ecchymoses of the bilateral posterior parietal pleurae

m. Extensive para-aortic soft tissue hemorrhages, around the thoracic aorta, extending rostrally as extensive para-esophageal soft tissue hemorrhages
n. Extensive mediastinal soft tissue hemorrhages
o. Rhabdomyocytolysis, multifocal, sparse
p. Hepatocellular ischemic injury, centrilobular
q. Diffuse, marked intraluminal basophilic tubular casts, kidneys
r. Acute respiratory failure, unspecified whether with hypoxia or hypercapnia, clinical history
s. Acute kidney failure, with tubular necrosis, clinical history
t. Acute and subacute hepatic failure, clinical history
u. Systemic inflammatory response syndrome [SIRS] of non-infectious origin with cute organ dysfunction, clinical history
v. Rhabdomyolysis, clinical history
w. Lactic acidosis, clinical history
x. Metabolic acidosis, clinical history
y. Hypernatremia, hyperkalemia, hypercalcemia, clinical history

II. POST-MORTEM TOXICOLOGY, SECOND AUTOPSY
a. Femoral blood Fentanyl level: 0.52 ng/mL
b. Femoral blood Levetiracetam level: 14 mg/L
c. Femoral blood Modafinil level: Present[1]
d. Femoral blood Ethyl Alcohol level: Negative
e. Femoral blood Cannabinoids level: Negative

III. PRIOR AUTOPSY: CONTRA COSTA COUNTY SHERIFF-CORONER'S OFFICE, 20-6944, 12/28/2020, 09:30 A.M.
a. Forensic pathologist- Ikechi O. Ogan, MD
b. Autopsy Findings:
i. Adult male with blunt force soft tissue injuries:
1. Abrasions, contusions, and abraded contusions of right upper extremity
2. Abrasions, contusions, and abraded contusions of both knees and both shins
3. Multiple [2] contusions of right side of back, with

[1] Blood sample volume too small for Modafinil confirmation/ quantification

a. 2 x 2 inch contusion of right shoulder
b. 4 x 3 inch contusion of right lower back

4. Shoulder and back contusions [purplish discoloration] indicating older age, estimated at between 36 and 72 hours

ii. Reportedly sustained injuries during attempted restraints initially by mother, then by responding police, who were called to the scene
iii. No significant or penetrating injuries to head or torso, and no fractures or other major injury to bones of upper and lower extremities, and torso
iv. Alleged previous polysubstance abuse, decedent was behaving irrationally per family and police similar to earlier contacts he had with law enforcement for drug intoxication
v. Multi-organ failure, with:
    1. Acute respiratory failure
    2. Mucopurulent parietal pleural exudates, consistent with evolving acute pleuritis
vi. Well circumscribed and encapsulated kidney lesion [1.5 x 1 cm]
vii. Clinical diagnosis of:
    1. Acute hepatic encephalopathy, shock, and sepsis
    2. Metabolic acidosis, lactic acidosis, electrolyte balance disruptions, and leukocytosis
    3. Hyperglycemia with transaminitis
viii. Shock liver, acute kidney injury with tubular necrosis, systemic inflammatory response syndrome [SIRS], twitching, and loss of consciousness

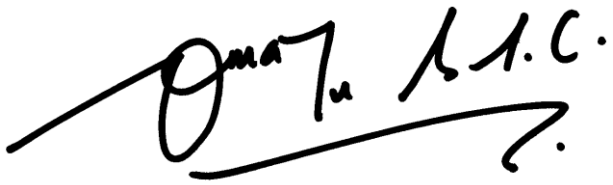
c. Post-mortem toxicology, NMS Labs, Horsham, Pennsylvania, 21000762, 01/15/2021
    i. Hospital blood[2] Modafinil/ Armodafinil level: 15 mcg/mL
    ii. Hospital blood Caffeine level: Positive
    iii. Hospital blood Levetiracetam level: 15 mcg/mL
d. Cause of death: Excited Delirium Syndrome due to Acute Drug Intoxication with Behavior Disturbances due to Arrest Related Death [ARD] with Physical Exertion
    i. Manner of death: Accident

[2] Hospital blood sample drawn on 12/24/2020 at approximately 12:06 a.m. and 01:56 a.m.

OPINION:

ANGELO VOIT HUGO QUINTO, a 30-year-old Filipino male, died as a result of Restraint Asphyxiation.

Dr. Ogan who performed the first autopsy opined that Angelo Voit Hugo Quinto died as a result of Excited Delirium. The prevailing autopsy findings do not support the diagnosis of Excited Delirium [See Medico-Legal Report].



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Bennet I. Omalu, MD, MBA, MPH, CPE, DABP-AP,CP,FP,NP
Forensic Pathologist/Neuropathologist
President and Medical Director, Bennet Omalu Pathology
10/16/21

EXTERNAL EXAMINATION

The body is received in a yellow body bag which had been wrapped with a white body wrap.

Inscribed in black ink on the exterior of the white body wrap are, in part the following: “Quinto, Angelo.”

Inscribed on the yellow body bag in black ink are, in part, the following: “QUINTO, ANGELO.”

The body is removed from the body bag and is identified by the following:

1. There is an identifying white nametag around the right ankle, in part inscribed with “QUINTO, Angelo”
2. There is an identifying Contra Costa County coroner nametag attached to the right big toe, in part inscribed with “QUINTO, ANGELO.”

The body is that of a well-developed, well-nourished Filipino male weighing approximately 200 pounds, measuring approximately 67 inches and appearing to be consistent with the stated age of 30 years old.

The body is unclad, unembalmed and reveals no evidence of decomposition.

No article of jewelry or adornment is found on the body at autopsy.

The body had been refrigerated and the temperature of the body is cold to the touch. Rigor mortis is lysed in all joints. Purple, partially-fixed to fixed, marked livor mortis is noted over the dorsal surfaces of the body except in areas exposed to pressure where it is absent. There are patchy Tardieu spots on the bilateral dorsal thoracic back and arms.

Prior to the second autopsy, whole body digital CT scans were performed, and the digital CT scan films accompany the body in a compact disk. The CT scan films are reviewed and examined and reveal evidence of a prior autopsy, which will be described below. There are no fractures of the axial or appendicular skeleton and there are no radiopaque materials inside the body. The disk is saved.

The body reveals the following evidence of a prior autopsy:

1. There is a bi-mastoidal through-thickness autopsy incision extending from each mastoidal scalp across the dorsal scalp. The autopsy incision had been tightly stitched with a white autopsy twine suture.

2. The scalp and head appear asymmetrical and disfigured due to a free lying ellipsoid excised calvarium, which has been bound to the base of the skull, which will be described below.
3. There is a “Y” shaped through-thickness autopsy incision extending from each anterior and lateral shoulder in an oblique fashion meeting in the mid-sagittal rostral chest above the levels of the nipples and extending downwards mid-sagittally across the caudal chest and abdomen to the suprapubic abdomen. The autopsy incision had been tightly stitched with white autopsy twine suture.

The body reveals the following other identifying features:

1. There is an obliterated piercing of the lobule of the eft ear.
2. There are blue-black and multicolored tattoos on the left anterior chest, left scapular back, around the right proximal forearm and left forearm, which are photographed and documented.
3. There are multiple striae albicantes on the bilateral shoulders, arms, pelvis, and abdomen.
4. There is a 7 x 6 cm irregular scar on the right lateral hip and pelvis.
5. There is a 4.5 x 0.5 cm scar on the right posterior elbow.
6. There is an 8 x 0.2 cm transverse scar on the right anterior distal thigh.

7. There are 17 x 4 cm multiple randomly situated and clustered scars on the left anterior knee and leg.

The body reveals the following evidence of medical and surgical intervention:

1. There are venipuncture marks in the right and left antecubital fossae with surrounding cutaneous ecchymoses.
2. There are three adhesive bandages on the left anterolateral proximal forearm.
3. There are venipuncture marks in the right and left dorsal wrists and hands.
4. There is a venipuncture mark in the right anterior femoral triangle.

There is amorphous black fingerprint pigment on the right and left palms and fingers.

The body reveals the following evidence of external trauma:

1. There are numerous petechial hemorrhages in the right and left bulbar and palpebral conjunctivae accentuated on the right which shows several purpuric hemorrhages.

2. There are patchy cutaneous petechial hemorrhages on the bilateral anterior and lateral neck accentuated on the right as well as on the bilateral superior shoulders, supraclavicular fossae, and rostral anterior chest.
3. There are 6 x 4 cm blue-yellow contusions/ ecchymoses of the left lower abdominal quadrant.
4. There are 10 x 8 cm purple-blue contusions of the right lateral caudal thoracic back.
5. There are diffuse purple-blue contusions/ ecchymoses of the right and left dorsal hands and the left wrist and dorsal forearm.
6. There are diffuse blue-purple contusions/ ecchymoses of the left arm and right arm accentuated on the right which shows linear configurations and patterns.
7. There are 42 x 23 cm red-brown, red-purple, blue-purple abrasions and contusions of the right anterior knee and around the right calf and leg.
8. There are 31 x 22 cm red-purple, red-brown, and purple-blue abrasions and contusions of the left anterior knee and proximal leg.

At this time, the body is turned prone on the autopsy table and a posterior dissections of the skin, subcutaneous superficial and deep soft tissues of the posterior neck, the posterior trunk and the posterior right and left upper and lower extremities extending to the palms and to the ankles are

made. The soft tissues are inspected and reveal patchy soft tissue hemorrhages in the bilateral thoracic back and bilateral rostral thoracic back and posterior neck, and around the right wrist and posterior arm.

The head and face reveal evidence of a prior autopsy dissection, which has been described above. The forehead and scalp appear misaligned due to a previous excised calvarial flap, which will be described below. The scalp hair is black and measures approximately 28 cm in maximal length. The right and left eyeballs are collapsed probably due to prior aspiration of vitreous humor. Attempts made at aspirating vitreous humor did not reveal any vitreous humor inside the eyeballs. The orbits are intact. The conjunctivae are pale and reveal hemorrhages, which have been described above. The corneae and sclerae are otherwise smooth and clear. The pupils are central, equal, and symmetrical and measure 0.4 cm in diameter. The ires are brown. The pinnae and external auditory meati are intact. The skeleton of the nose is intact. There is no foreign material in the nostrils or oral cavity. The maxillary and mandibular gums are not hypertrophied. The maxillary and mandibular teeth are natural and are in a good state of dental repair. The lips, oral cavity and tongue are intact and reveal focal abrasions and contusion/ ecchymoses of the left lateral oral

mucosa and right lateral tongue. The frenulae of the upper and lower lips are intact.

A stubble black moustache and beard are present and measure approximately 0.3 cm in maximal length.

The neck reveals evidence of a prior autopsy as well as evidence of trauma, which have been described above. There is no crepitus upon manipulation of the neck.

The trunk reveals evidence of a prior autopsy and evidence of trauma, which have been described above.

The abdomen is tense and bulging and reveals evidence of a prior autopsy, which has been described above.

The penis and scrotum are intact. The testes are palpated within the scrotum and appear unremarkable. The ano-rectum reveals no evidence of trauma and contains no hemorrhage or foreign material.

The extremities reveal evidence of trauma, which has been described above. The fingernails are short and regular. There are no broken fingernails and there are no foreign materials beneath the fingernails. The toenails are short and regular. There is no pitting ankle or leg edema. The palms and soles are smooth.

At this time, cut-down incisions are made in the right and left femoral triangles to gain access to the right and left femoral veins. Minimal amounts of right and left femoral venous blood are obtained and saved for toxicologic analyses.

Attempts were made to aspirate any residual vitreous humor, and none was aspirated.

INTERNAL EXAMINATION

BODY CAVITIES:

The autopsy twine sutures, which have been described above are removed. The prior autopsy "Y" shaped incision is opened. The abdominal panniculus measures 5 cm in thickness, at the level of the umbilicus. The muscles and soft tissues of the chest and abdominal walls appear normal in color and consistency. There is a freely lying inverse “V” shaped excised flap of the anterior chest including the sternum and anterior ribs extending from the manubriosternal joints to the subcostal margins on both sides. The excised flap lies on top of a large caliber clear bag that had been tied containing previously dissected and prosected tissues and organs. The bag is found in a contiguous truncal cavity. The diaphragm had been partially excised, and the pleural and peritoneal cavities had been reduced into one contiguous truncal cavity which contains residual amounts of bilateral hemorrhagic fluid. There are residual bilateral posterior and lateral diaphragm which are excised. The parietal and visceral pleurae are otherwise smooth and reveal diffuse bilateral ecchymoses of the posterior parietal pleurae. The peritoneum is otherwise smooth and thin.

The prior autopsy incisions are extended to the right and left lateral chest and abdomen to further expose the contiguous truncal cavity. The anterior chest wall reveals no evidence of trauma. The residual posterior and

lateral ribs reveal no fractures. The cervical, thoracic, and lumbar spine reveal no fractures. The sternum reveals no fractures. The right and left retroperitoneum are intact. The right and left iliopsoas muscles are intact.

The clear bag is opened and found inside are previously dissected and prosected viscerae, organs and soft tissues. Remnants of the following previously dissected and prosected tissues and organs are identified: the brain, the liver, the right and left lungs, the heart, the thoracic aorta, the esophagus, trachea, bronchi, larynx, thyroid cartilage, the tongue, small and large bowel, pancreas, dura mater, spleen, bladder, right and left kidneys.

CARDIOVASCULAR SYSTEM:

Residual previously dissected and prosected remnants of the heart are identified and weigh 282 grams in aggregate. The pericardium is not identified. The epicardial surface appears smooth. There is a small amount of epicardial fat. The heart remnants comprise the base of the heart and previous coronal sections of the right and left ventricles and atria. The wall of the ventricles are not hypertrophied. Residual atrioventricular chambers do not appear dilated. The endocardium and valve leaflets reveal no thrombi or vegetations. The trabeculae carneae and papillary muscles are not hypertrophied. The chordae tendineae are non-sclerotic. The wall of the right ventricle measures 0.4 cm in greatest thickness. The wall of the left ventricle measures 1.3 cm in greatest

thickness. The interventricular septum measures 1.5 cm in greatest thickness. The residual coronary arteries exhibit a normal anatomic distribution with a right predominance. The right and left coronary ostia are patent. Multiple cut sections of the residual coronary arteries at 1.0 cm intervals reveal no atherosclerosis or other anomalies. The myocardium is firm, red-brown, and homogeneous.

A previously dissected and prosected remnant of the thoracic and abdominal aorta is identified and reveals extensive para-aortic soft tissue hemorrhages around the thoracic aorta extending rostrally as extensive para-esophageal soft tissue hemorrhages. There appears to be extensive soft tissue hemorrhages in some amorphous membranous tissues that accompany the mediastinal tissues, the esophagus, the trachea, and the aorta. The internal carotid arteries in the neck are identified and appear intact.

RESPIRATORY SYSTEM:

Remnants of previously dissected and prosected right and left lungs are identified and weight 798 grams in aggregate. Previously dissected and prosected remnants of the trachea show a smooth congested red-pink mucosa with adherent sero-mucoid fluid. The lungs are variegated pink-red to gray-purple and reveal minimal amounts of anthracotic pigment. Multiple additional cut sections in addition to the previous cut sections reveal a variegated red-

pink to gray-purple, non-crepitant, parenchyma with diffuse marked pulmonary edema and congestion without circumscribed consolidations or nodules. There are no abscesses or purulent exudates.

Remnants of the extra- and intra-pulmonary bronchi reveal a congested mucosa with adherent sero-mucoid fluid.

HEPATOBILIARY SYSTEM:

Previously dissected and prosected remnants of the liver are identified and weigh 872 grams in aggregate. The capsule of Glisson is glistening. The external surfaces are brown-red-yellow. The parenchyma is soft, brown-red-yellow and shows sparse fatty metamorphosis without hemorrhages, tumors, or necrosis.

Previously dissected and prosected remnants of the gallbladder are identified and reveal a thin wall and a velvety green-yellow mucosa.

HEMOLYMPHATIC SYSTEM:

Previously dissected and prosected remnants of the spleen are identified and weigh 62 grams in aggregate. The consistency is soft. The capsule is otherwise smooth. The corpuscles of Malpighii are blurred. The parenchyma is congested, homogeneous and friable. There is no discernible central or peripheral lymphadenopathy.

GASTROINTESTINAL SYSTEM:

Previously dissected and prosected remnants of the esophagus are identified and reveal no focal mucosal lesions. There are extensive para-esophageal soft tissue hemorrhages, which have been described above. Previously dissected and prosected remnants of the stomach are identified and reveal no gastric or peptic ulcers.

Previously dissected and prosected remnants of the small and large bowel are identified and reveal no segmental stenosis or infarction and no mucosal tumor. The retroperitoneum is otherwise intact.

ENDOCRINE SYSTEM:

Previously dissected and prosected remnants of the pancreas are identified and weigh 120 grams in aggregate. The parenchyma is tan in color and shows a lobular tissue architecture without focal hemorrhage, necrosis, or tumor.

The adrenal glands are not identified.

The thyroid gland is not identified.

UROGENITAL SYSTEM:

Previously dissected and prosected remnants of the right and left kidneys are identified and weigh 195 grams in aggregate. The remnants show smooth cortical surfaces, and the cortices are brown-red and are not sclerotic. The

medullary pyramids appear intact. The cortico-medullary junctions are well-defined. The renal papillae show no hemorrhage or necrosis. The calyceal and collecting systems are otherwise unremarkable. The residual renal arteries and veins otherwise appear intact.

Previously dissected and prosected remnants of the bladder are identified and show a congested red-pink mucosa without papillary lesions.

The prostate gland, vas deferens and epididymis are not identified.

MUSCULOSKELETAL SYSTEM:

There are no musculoskeletal anomalies. There is evidence of musculoskeletal trauma, which has been described above. The muscles are well-developed and of the normal color and consistency without sarcopenia. The spinal column and vertebral bodies reveal no discernible gross osteo-degenerative changes. The sternum, ribs, and spine exhibit a normal bone density. The bone marrow reveals no gross nodules.

NECK:

Previously dissected and prosected remnants of the nek are identified and reveal soft tissue hemorrhages, which have been described above. The thyroid and cricoid cartilages and larynx show no fractures. The hyoid bone is not identified. The residual larynx reveals a red-pink congested mucosa with

adherent sero-mucoid fluid without focal mucosal lesions. The epiglottis and vocal cords are otherwise intact.

CENTRAL NERVOUS SYSTEM:

The bi-mastoidal incision is opened and the scalp reveals no subcutaneous or subgaleal hemorrhage. An ellipsoid previously excised calvarial flap is present and reveals no fractures. Upon removal of the calvarium there are no residual epidural or subdural hemorrhages. The intra-cranial cavity contains blood soaked tissue paper. The dura mater had been stripped and previously dissected and prosected remnants of the dorsal dura mater are identified in the bag in the truncal cavity and reveal no xanthochromia or membranes. The dura mater is saved with the brain.

Previously dissected and prosected pulpified remnants of the brain are identified. The brain had been cut in very irregular sections and are autolytic and friable. Remnants of the cerebral and cerebellar hemispheres are identified and are immediately placed in formalin to fix and to be examined on a later date.

The pituitary gland is identified in the sella turcica and is harvested and saved with the brain. The sella turcica is intact.

The base of the skull is examined and reveals no fractures of the base of the skull.

The dens, atlanto-axial joint, atlanto-occipital joint and cervical intervertebral joints are intact without fractures.

Using an anterior approach, the laminae of the vertebral bodies are incised on both sides from the cervical to the thoracic and lumbar spine and the vertebral bodies are removed exposing the spinal canal and spinal medulla. There are no epidural, subdural or subarachnoidal spinal hemorrhages or exudates. The spinal medulla is harvested intact and is fixed in formalin with the brain to be examined on a later date.

The formalin-fixed remnants of the dura mater reveal no epidural or subdural hemorrhage, exudate, xanthochromia or fibrocytic membranes. The dural venous sinuses reveal no intraluminal thrombi.

The weight of the formalin-fixed previously cut brain sections is 1350 grams in aggregate. The residual brain comprises previous and highly irregular sections of the cerebral and cerebellar hemispheres and transverse sections of the brainstem. There is no discernible gross malformation of the brain. The pattern of gyral and sulcal convolutions appears within normal limits. There is marked, diffuse and symmetrical expansion of gyri and compression of sulci. The arachnoid and pia mater reveal no hemorrhages or exudates. Additional cut sections of the residual brain are made. The neocortical gray ribbon is distinct and reveals no gross cortical dysplasia, contusional hemorrhage or

necrosis. The gray-white matter demarcation is distinct. The centrum semiovale and the periventricular white matter reveal central congestion and edema without cystic necrosis or gliding contusional hemorrhages. There is no periventricular leukomalacia. The ventricles are symmetrically compressed and contain no intraventricular hemorrhage or exudate. The ependymal lining is smooth. The genu, body, and splenium of the corpus callosum reveal no hemorrhages or necrosis. The claustrum, caudate nucleus, putamen, globus pallidus and thalamus reveal no atrophy, lacunar infarct, parenchymal hemorrhage or ischemic or cystic necrosis. The residual extreme, external and internal capsules reveals no infarcts or necrosis. The residual mesial temporal lobe reveals no dysplasia, necrosis, hemorrhage, or atrophy. The residual sections of the brain stem reveal no parenchymal hemorrhage or necrosis. There are no residual dorsolateral brainstem hemorrhages. The residual cerebellum reveals no folial dysplasia or atrophy. The cerebellar cortex and white matter reveal diffuse edema and congestion without any focal necrosis or hemorrhage. The residual deep subcortical nuclei of the cerebellum reveal no necrosis or hemorrhage.

Cut sections of the formalin-fixed pituitary gland reveals no hyperplasia, adenoma, necrosis, or hemorrhage.

The formalin-fixed spinal cord reveals no epidural, subdural or subarachnoid hemorrhage or exudate. There is no segmental atrophy or necrosis. The dorsal and ventral roots and the dorsal root ganglia do not show any atrophy. The filum terminale, conus medullaris and cauda equina appear intact. Multiple transverse sections of the spinal medulla at 1-2 cm intervals reveal and intact central spinal canal, anterior and posterior horns of the gray matter, intermediate gray matter, anterior white commissure, substantia gelatinosa and the intermediolateral cell column. There is no central gray matter contusional hemorrhage or necrosis. The gray-white demarcation is distinct. The white matter, including the fasciculi gracilis and cuneatus, anterior and lateral funiculi, show no gross degeneration, atrophy, demyelination, necrosis, or hemorrhage.

MICROSCOPIC EXAMINATION

Microscopic examination of submitted tissue histology sections reveals histo-morphologic findings that are consistent with the gross findings and final pathologic diagnoses, which have been stated above. The tissue histology sections have been archived as part of the case records and will be made available upon request.

[Twenty-Eight H/E Stained Autopsy Tissue Histology Slides]

[Eighteen H/E Stained Brain and Spinal Cord Tissue Histology Slides]

FORENSIC PHOTOGRAPHY

Digital gross images of the body and autopsy prosection were taken by Dr. Omalu and the autopsy assistants and will be saved in digital format as part of the digital case file. The images will be made available upon request according to the governing statutes and standard operating procedures.

SAMPLES OBTAINED

1. Femoral blood:
    a. One gray-top tube, approximately 4 cc
    b. One purple-top tube, approximately 4 cc
2. Blood spots on a DNA card
3. Archival stock tissue sections, fixed in formalin
4. Histology tissue sections, fixed in formalin

CENTRAL VALLEY TOXICOLOGY, INC.

Case Name: Quinto, Angelo

TOXICOLOGY NUMBER: CVT-21-1085

Specimen Description: 4 ml femoral blood (gray top vial) labeled "Quinto, Angelo; BOP20-026; 01/04/21"

Delivered by GLS **Date** 06-Jan-21 **Received by** Jerry Mendoza **Date** 06-Jan-21

Request: Complete Drug Screen & THC **Agency Case #** BOP20-026

Requesting Agency
Bennet Omalu Pathology
3031 W. March Lane, #323
Stockton CA 95219

Report To
Bennet Omalu Pathology
3031 W. March Lane, #323
Stockton CA 95219

RESULTS

Specimen: Femoral Blood Sample

Complete Drug Screen: Fentanyl, Levetiracetam and Modafinil detected.
Specific drug assay for THC performed.
No other common acidic, neutral or basic drugs detected.
No Ethyl Alcohol detected.

Cannabinoids (THC metabolite) by Immunoassay = Negative

Fentanyl = 0.52 ng/mL

Levetiracetam = 14 mg/L

Modafinil = Present*

*Note: Blood sample volume too small (QNS) for Modafinil confirmation/quantification.

Eduardo Espiritu, PhD

February 25, 2021

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